

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/08/2013
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE TERRE HAUTE SOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 315 E SPRINGHILL DR TERRE HAUTE, IN 47802		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>This was an ESRD federal complaint investigation survey.</p> <p>Complaint #: IN00127254 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Facility #: 004839</p> <p>Survey Dates: 05/08/13</p> <p>Medicaid Vender #: N/A</p> <p>Surveyor: Marty Coons, RN, PHNS</p> <p>Fresenius Medical Care Terre Haute South is in compliance with the Conditions for Coverage at 42 CFR 494.30 Infection Control, 494.60 Physical Environment, and 494.70 Patient Rights as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 17, 2013</p>	V 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.